

NAME OF VETERAN (First-Middle-Last)

C-

COURT OF

STATEMENT OF ACCOUNT

(Minor or Incompetent)

(Date)

to

(Date)

DATE _____

RECEIVED FROM
(Report income from or liquidation of each investment separately)

AMOUNT

\$

TOTAL RECEIPTS

\$

SECTION II - EXPENDITURES

DATE	TO WHOM PAID AND PURPOSE	AMOUNT
		\$
	TOTAL EXPENDITURES	\$

SECTION III - SUMMARY OF ACCOUNT

CASH BALANCE FROM LAST ACCOUNTING	\$		
TOTAL RECEIPTS	\$		
TOTAL		\$	
TOTAL EXPENDITURES		\$	
CASH BALANCE IN ESTATE			\$
INVESTMENTS <i>(Cost value)</i>			
BALANCE ON HAND LAST ACCOUNT	\$		
ACQUIRED DURING PERIOD	\$		
TOTAL		\$	
LIQUIDATED DURING PERIOD		\$	
TOTAL ON HAND			\$
TOTAL VALUE OF ESTATE			\$

STATE OF _____ }
COUNTY OF _____ } SS

I _____ being duly Sworn, depose and say that I am the
_____ of the estate of
_____ who is now residing at

that this is a full and true account of the beneficiary's estate for the period stated, to the best of my knowledge and belief.

(Signature of Fiduciary)

Subscribed and Sworn to before me this _____ day of _____, _____ A.D.

(Signature and Title)

SECTION IV - CERTIFICATE OF BALANCE ON DEPOSIT

NAME AND ADDRESS OF INSTITUTION

I CERTIFY THAT on the _____ day of _____, _____, there was on deposit in this Institution to the credit of this Fiduciary the following:

Checking Account Balance \$ _____ Account Number _____

Savings Account Balance \$ _____ Account Number _____

Including interest of \$ _____ paid during period of Statement of Account at _____ % .

SEAL OR STAMP OF FINANCIAL INSTITUTION

(Signature and Title of Certifying Official)

SECTION V - CERTIFICATE AS TO SECURITIES

KIND OF BOND OR SECURITY	INTEREST RATE	DATE OF PURCHASE	FACE VALUE	COST
			\$	\$

I CERTIFY THAT the securities listed above were exhibited to me by the Fiduciary and are the property of the beneficiary and are in the custody and control of the Fiduciary.

SIGNATURE AND TITLE OF CERTIFYING OFFICIAL

DATE

ADDRESS OF CERTIFYING OFFICIAL

NOTE: This Certificate may be executed by the Judge or Clerk of Court of your appointment, an official of the safety deposit company or bank wherein you have securities in lock box, or by any authorized official or agent of the company which is surety on your bond.

PRIVACY ACT INFORMATION: The information relating to funds derived from Department of Veterans Affairs benefits payments is requested under authority of Title 38, United States Code, Chapter 55. The information will be used to assure the proper administration of the beneficiary's income and estate. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 37VA27, VA Supervised Fiduciary and Beneficiary Records - VA, published in the Federal Register. Failure to furnish the requested information may result in the suspension of payments and/or the appointment of a successor fiduciary.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.